

synthesis and is naturally present in the body of both sexes throughout life.

*Progestin*, also correctly called progestogen and progestagen, is a general term for *all* agents that biologically have progestational activity, including natural *progesterone*, and several synthetic analogues that are not natural. Maintaining the distinction between *progesterone* and *progestin* is essential to clear scientific and medical communications, because the actions of *progesterone* are different from those of other *progestins*.<sup>1</sup> The same differentiation should be made among other *progestins* as well.

Imprecise use of terminology should be combatted at every opportunity. It creates confusion not only in the literature but also in scientific thinking.

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#### REFERENCE

1. Pharmacology of the endocrine system and related drugs: Progesterone, progestational drugs and antifertility agents, In Tausk M (Ed): International Encyclopedia of Pharmacology and Therapeutics, Sect 48, Vol 2. Pergamon Press, New York, NY, 1972

EDITOR'S NOTE: *Dr. Benson's comments are appreciated. A copy-editing error resulted in "progesterone" being substituted for the correct term, "progestin."*

—MSMW

## Preventive Medicine or Disease Prevention

TO THE EDITOR: We congratulate you for the May symposium "Controlling the Cost of Health Care" and the article by Dr. Chris Holmes, "Prevention: An Idea Whose Time Has Come?" (West J Med 132:381-429, 471-473, May 1980). These writings plus the earlier forum on "Orthodox Medicine, Humanistic Medicine and Holistic Health Care" indicate that you care deeply for patients. (Indeed, finding a journal that concentrates on patient care is a pleasure.)

Preventive medicine may remain a not-very-well-liked stepchild partly because of semantic problems. *Webster's Third New International Dictionary* says "medicine" is (1) A substance used in treating disease. (2) The art and science dealing with the prevention, alleviation or cure of disease. "Preventive" means preventing or making unlikely. One doubts preventive medicine is trying to prevent either 1 or 2. In fact, "disease

prevention" may be a more reasonable name for the practice of decreasing the likelihood of disease. When semantically judged, internal medicine, emergency medicine, tropical medicine, orthodox medicine, humanistic medicine and holistic medicine are reasonable. Perhaps changing preventive medicine's name to a more accurate one might help us and our patients accept it better.

Still, one flaw sticks out among the above disciplines: They are all disease oriented. For years, Sidney Garfield, the founder of Kaiser-Permanente, has said he wanted a "health plan" but got a "sick plan." One wonders if our success would improve if we concentrated more on building health than attacking disease. People become rich by concentrating on becoming wealthy not by trying to cure their poverty. Similarly, trying to improve people's health in a practical, cost-effective way may be a more positive approach to medical care than trying to diagnose and attack each disease piecemeal (a perusal of a differential diagnoses book should convince many of us that our disease-oriented approach is too complex and difficult). Possibly, then we should begin studying the "eugenesis" of health in addition to the pathogenesis of disease.

Our Health Improvement Service is a step in this direction. In a few years we may know if this is more successful in making our patients healthy than our "sick plan" has been. Healthy, of course, implies absence of disease (wellness) and fullness of vigor and strength. And is this not what we physicians want for our patients and ourselves too?

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## Medical Schools and Community Hospital CME

TO THE EDITOR: I read with interest an exchange of correspondence last year in the WESTERN JOURNAL: Block, "Community Hospital CME—A Missed Opportunity" (January 1979), and Covell's response under a similar title (April 1979). The interchange between the two stimulates me to take the liberty of offering these thoughts:

- The observations made by both authors are right. Inhospital continuing medical education (CME) deserves far more support than it has re-